



Health Security Summit

SUMMARY REPORT

Sydney, Australia
16-17 JUNE 2024



AUSTRALIAN
DEFENCE FORCE





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Executive Summary

The third Military-Civilian Health Security Summit (MCHSS) 2024, co-hosted by the Australian Defence Force and U.S. Indo-Pacific Command (INDOPACOM), took place in Sydney on June 16th and 17th. This event gathered 131 participants from 23 nations, including representatives from international organizations, Non-governmental organizations (NGOs), and various academia institutions. Participating countries included Australia, Cambodia, Canada, Fiji, Indonesia, India, Japan, Laos, Malaysia, Maldives, Mongolia, Nepal, New Zealand, Papua New Guinea, the Philippines, Singapore, Sri Lanka, Thailand, Tonga, Timor-Leste, the United Kingdom, and the U.S., as well as the African Partnership Outbreak Response Alliance (APORA). The summit aimed to enhance multilateral civilian and military partnerships in global health security.

Summit participants emphasized the importance of maintaining consistent engagement through the Indo-Pacific Health Security Alliance (IPhsa) to foster a network of like-minded partners even outside crisis situations. Additionally, developing a cadre of defense and security experts alongside civilians trained in military settings was highlighted to enhance capacity and promote mutual understanding, strengthening our collective ability to respond effectively to health emergencies.

The themes of MCHSS 2024 included addressing health security threats, enhancing global health security through strengthened collaboration, integration of efforts, and sharing best practices between civilian, defense, and security sectors. Another key focus was addressing misinformation and disinformation in the context of global health security.

The summit opened with remarks from Surgeon General Rear Admiral Sonya Bennett and Command Surgeon CAPT Jeffrey Bitterman. Keynote speeches were delivered by Ambassador Lucas de Toca from the Australian Department of Foreign Affairs and Trade and Mr. Joe Scovitch from the U.S. Department of State. Panel discussions focused on defense and security sector contributions to health security and countering misinformation/disinformation in global health security. The Australian Civil-Military Centre (ACMC) hosted a seminar on the practical use of militaries in health emergencies. The second day featured keynotes from Dr. Paul Friedrichs, Director of the White House Office of Pandemic Preparedness and Response Policy, and Mr. Ludy Suryantoro from World Health Organization (WHO), who spoke on international norms for defense engagement in health security. Interactive sessions included breakout groups on laboratory networks, biosafety, biosecurity, and biosurveillance, led by subject matter experts. The event culminated with the signing of the Indo-Pacific Health Security Alliance (IPhsa) Terms of Reference by Rear Admiral Bennett and CAPT Bitterman, underscoring collaborative efforts to enhance health security capabilities across the region.

MCHSS 2024 underscored the importance of integrating civilian and military efforts to address health security threats and improve global health security through collaboration and best practices sharing. The summit continues to play a vital role in fostering mutual understanding and enhancing multilateral partnerships across the Indo-Pacific region. MCHSS took place on the sidelines of the Global Health Security Conference 2024. On the last day, Ambassador de Toca praised the summit, saying, "A special shoutout to my colleagues in the Australian Defence Force and INDOPACOM for their outstanding Mil-Civ Health Security Summit. Their commitment to fostering health security cooperation within the military and bridging the civilian-military gap is commendable. It's encouraging to see our countries continue to collaborate effectively in this important area."



Recurring Themes:

Several key themes were highlighted at MCHSS:

Multisectoral Collaboration	Emphasizing the necessity of cooperation between military, civilian, and security sectors in like biosurveillance, biosafety, biosecurity and humanitarian aid during crises.
Health Security Preparedness	Stressing the importance of being prepared for various health threats, including pandemics, TB, HIV, malaria, antimicrobial resistance, and non-communicable diseases. This involves strategic planning, capacity building, and developing standard operating procedures (SOPs).
Communication, Cooperation, Collaboration, and Coordination	Highlighting the need for effective interaction among different sectors to respond to health emergencies, ensuring data-sharing, standardized processes and procedures, and interoperability.
Humanitarian & Ethical Principles	Focusing on the intersection of military and humanitarian efforts, ethical decision-making, and adherence to international humanitarian law (IHL), the newly amended International Health Regulations (IHR), and other international norms.
Non-Pandemic Health Threats	Expanding health security focus to include threats like climate change, natural disasters, and non-communicable diseases.
Data & Technology Use	Leveraging data and technology, including AI, for improved health surveillance, diagnostics, and responses.
Community Empowerment	Training and resourcing local health responders and communities to ensure sustainable and effective health interventions.
Combating Misinformation & Disinformation	Improving collective health response efforts and strengthening social cohesion via reliable information sharing.

Agenda

DAY ONE

SESSION I: Welcome and Introductions

- Rear Admiral Sonya Bennett, Surgeon General of the Australian Defence Force, emphasized in her opening remarks the significance of the MCHSS for global health security. She stressed that forming multi-sectoral partnerships and enhancing our understanding of their role within the health security landscape are important steps towards establishing a more effective health security system.
- CAPT Jeffrey Bitterman, U.S. Indo-Pacific Command Surgeon, highlighted that health threats are borderless and pose risks to global health security. He stated that initiatives like this aim to leverage the combined strengths of military and civilian sectors to enhance interoperability, biosurveillance, and strengthen biodefense and biosecurity. CAPT Bitterman emphasized that shared expertise enhances collaboration between military and civilian stakeholders, and efforts like MCHSS contribute to building a more preparedness resilient world.

SESSION II: MCHSS Official Opener

- Australia's Ambassador for Global Health, Dr. Lucas de Toca highlighted the importance of multisectoral military-civilian collaborations, emphasizing that a comprehensive approach involving all levels of government and society is much needed. He noted that addressing the complex health threats worldwide requires a coordinated international effort. Additionally, the ambassador stressed that effective cooperation leverages diverse skills and capabilities to effectively solve problems.
- Mr. Joe Scovitch, Acting Deputy Coordinator for Health Security at the U.S. Department of State's Bureau of Global Health Security and Diplomacy, highlighted the importance of adopting IHR amendments, noting that collaboration with the security sector is essential due to the military's integral role in health security measures. He stressed the need for robust military-civilian communication channels to effectively address global health threats. Mr. Scovitch also emphasized the importance of clarifying interests and ensuring transparency in frameworks like the IHRs and PEPFAR to enable successful efforts.

SESSION III: Keynotes

- In his presentation, Mr. Dave Tuck, Head of Mission at the International Committee of the Red Cross (ICRC), highlighted the critical roles and intersections between defense, humanitarian actors, and other entities in addressing humanitarian needs during armed conflicts. Mr. Tuck emphasized the ICRC's mission underpinned by the IHL, noting unexpected overlaps and shared stakes with armed forces despite differing modalities. He stressed the importance of communication between military and civilian actors in delivering humanitarian aid and assistance. He stated the ICRC's adherence to core humanitarian principles of neutrality, impartiality, humanity, and independence allows for ethical decision-making and crossing front lines with neutrality, unlike armed forces which may not appear impartial. The shared civ-mil ownership of the Red Cross, Red Crescent, and Red Crystal emblems was discussed, along with the need for a cyber-presence to strengthen these protections and intentional ties in real life and in cyberspace. Tuck also acknowledged concerns about these emblems being targeted and called for further investigation to determine whether this is anecdotal or systemic, aiming to adapt to 21st-century realities.
- The United Kingdom's Surgeon, Major General Philip McNee, discussed the UK's Military-Civilian National Defence Planning (NDP) in the context of the Ukraine crisis, emphasizing the strategic command's role and the global healthcare system's vulnerabilities. He noted that patient care timelines and resources are affected by such threats, highlighting NATO nations' reduced defense spending since the Cold War. The presentation included a "State of the (Medical) Union" slide describing where we are now, and where we need to be, detailing scalable reception arrangements for Ministry of Defence (MoD) patients including, strategic aeromedical evacuation, patient movement, clinical care, patient coordination and control, rehabilitation, and recovery. Medical logistics were underscored as important for building resilience, using the UK's national medical complex as a way to provide endurance. The implications for the Indo-Pacific region were outlined, focusing on creating medical preparedness through a holistic approach involving civilian-military engagement and cyclical planning and investment in medical logistics, patient evacuation, and workforce management. He concluded that this approach requires comprehensive frameworks, concepts, guidelines, and doctrines to address these key areas effectively.
- Dr. Osborne Liko, Secretary for Health at Papua New Guinea's National Department of Health, outlined the country's health security priorities, emphasizing the importance of integrated approaches to reduce global security threats. Key priorities include combating TB, HIV, malaria, and antimicrobial resistance, alongside other threats like Zika and cholera. The National Health Plan 2021-2030 and the TB Strategy focus on

addressing TB, with a call for collaborative investment to eliminate the threat by 2030. Dr. Liko highlighted the necessity of civilian, military, and security collaboration during crises, citing significant events like the Aitape Tsunami, Enga landslide, and Tari Earthquake, where coordinated responses involved government and development partners. The COVID-19 pandemic demonstrated PNG's ability to update legislation swiftly and coordinate responses across police, military, health sectors, and private agencies. Despite these efforts, PNG faces challenges such as a lack of SOPs for preparedness, response, and recovery, limited sub-national capacities, and constraints in manpower and funding. Dr. Liko emphasized the importance of forums like the MCHSS for fostering collaboration and addressing these challenges collectively to enhance global health security.

SESSION IV: Defence and Security Sector Contributions to Global Health Security Preparedness Planning and Exercise

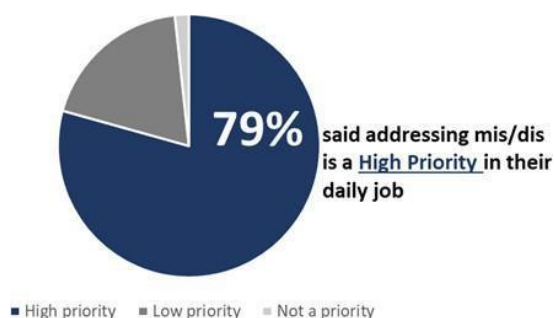
This panel discussion focused on the multifaceted role of defense and security sectors in enhancing global health security. Moderated by CDC's Dr. John MacArthur, the session featured presentations and discussions by prominent military health officials from Australia and the Philippines. Australia's Deputy SGADF, Director General Army Health Services Brigadier General Isaac Seidl, emphasized the broad scope of health security, extending beyond pandemics to include, but not limited to, infectious diseases, non-communicable diseases, illicit drugs, climate change, and natural disasters. Philippines Surgeon General, Brigadier General Fatima Claire Navarro, shared a successful example of civil-military collaboration in the global health security space. The panelists discussed the integration of the Utstein framework to bolster local response capacities through military-civilian collaboration, highlighting the importance of environmental threat management, health system resilience, and cross-border health workforce movement. The session underscored the significance of proactive planning and community engagement, exemplified by successful collaborations within ASEAN, especially the Philippines' collaboration with other ADMM-Plus nations. The panel concluded with insights on sustainable efforts, emphasizing local empowerment and the establishment of health centers and training programs to build resilient healthcare systems.

SESSION V: Countering Misinformation and Disinformation in the Global Health Security Space

After delivering opening remarks, Ms. Yara Francis introduced Dr. Jennifer Hunt, who kicked things off by defining misinformation as "unintentionally providing inaccurate information" and disinformation as "deliberately providing inaccurate information". Dr. Hunt then dived into her research paper, "Combating COVID-19 Disinformation in the Indo-Pacific: The Role of Defence Forces." She highlighted the important role the military played during the pandemic and discussed how misinformation and disinformation have far-reaching impacts that often cross national borders. She emphasized that military health professionals are trusted voices in the fight against false information.

Next, Mr. Jonathan Robinson, who shared tactical examples of Russian disinformation in humanitarian contexts, using cases from Ukraine, Syria, and Nagorno Karabakh. He demonstrated how analyzing inconsistencies and information ecosystems in Russian disinformation could counteract its global narratives, with potential applications in other regions. The session wrapped up with an engaging audience Q&A, where participants shared lessons learned, best practices, and ideas for further research. In the final 30 minutes, an interactive survey was conducted to gauge participants' perspectives on misinformation and disinformation. After delving into the challenges of misinformation and disinformation in global health security, the interactive survey revealed compelling insights. A striking 79 percent of respondents emphasized the high importance of tackling mis/dis in their daily roles, while 19 percent considered it a low priority, and a mere 2 percent deemed it not a priority at all (Figure 1).

Figure 1. Response to "After hearing about misinformation and disinformation in global health security, how important is addressing mis/dis information in your daily job?" (n=58)



However, when it came to the effectiveness of current responses to misinformation and disinformation in health-related activities, the sentiment was largely pessimistic—64 percent disagreed that efforts are improving, while 36 percent saw progress. Interestingly, a majority of both civilian (72%) and military (65%) participants reported that their organizations have strategies to counter mis/dis information (Figure 2). Yet, there was notable uncertainty among military respondents (30%) compared to their civilian counterparts (16%), and a higher percentage of civilians (13%) stated their organizations lacked a strategy, compared to military participants (5%).

Figure 2. Responses to “Does your organization have a strategy to counter the threat of mis/dis information?” (Civ=32, Mil=37)



Regarding organizational integration, efforts to counter misinformation were seen as limited to a few agencies (48%), with whole-of-government integration (28%) and no integration (25%) trailing behind (Figure 3). When asked about effective tools or activities to combat mis/dis information, the top responses included education, training, fact-checking, and factual press releases (Figure 4).

Figure 3. Responses to “How well do you think your organization integrates countering mis/dis information with other agencies or organizations?” (n=65)

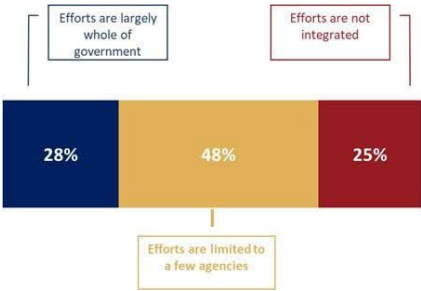


Figure 4. Word cloud generated from response themes about what tools or activities are known or recommended to respond to mis/dis information threats.



Finally, participants highlighted key issues for future consideration in the fight against misinformation and disinformation, with five overarching themes emerging that aligned closely with solution-oriented tools and activities (Figure 5). These insights provide a roadmap for strengthening the response to this pervasive threat.

Figure 5. Themes from responses regarding the most important issues to consider regarding the future mis/dis information threats.



Audience members underscored the critical need for forums like MCHSS, which provide a unique platform for civilian and military actors to come together and exchange ideas. These gatherings are invaluable for fostering collaboration and mutual understanding between diverse sectors that might otherwise operate in silos. The wide range of questions and comments from the audience highlighted the multifaceted nature of countering the misinformation/disinformation threat. This diversity in viewpoints and expertise reflects the complexity of the challenge, requiring input from various disciplines and sectors. The discussions at MCHSS showcased the importance of integrating perspectives from different backgrounds to develop comprehensive and effective strategies against mis/dis information. By bringing together stakeholders from health, defense, academia, and non-governmental organizations, MCHSS facilitates a holistic approach to tackling this global issue, emphasizing the collective effort needed to safeguard public health and health security.

DAY TWO

SESSION I: Day 1 Recap SESSION II: KEYNOTES

- Dr. (Maj Gen Ret.) Paul Friedrichs, Director of the Office of Pandemic Preparedness and Response Policy at The White House, said that effective pandemic response hinges significantly on communication and coordination. He emphasized that successful outcomes are tied to collaborative efforts, contrasting with failures rooted in disjointed approaches. He urged participants to seek out partnerships and collaborations, stressing their critical value. Acknowledging the absence of a consensus on pandemic preparedness, he underscored the importance of international agreements. Dr. Friedrichs also challenged stakeholders to enhance global laboratory networks and biosurveillance systems. He advocated for diversification in supply chains to ensure robust availability and noted the risks posed by misuse of biotechnologies, emphasizing the imperative to channel them for beneficial purposes. Dr. Friedrichs also urged finding ways to overcome bureaucratic hurdles and emphasized the need for concrete commitments to facilitate data sharing, particularly on bilateral levels, beyond mere expressions of intent.
- Mr. Ludy Suryantoro from the WHO emphasized the importance of civilian-military collaboration for health emergency preparedness. He introduced the Civil-Military Health Security Mapping Tool (CMAP Tool) to identify and bridge collaboration gaps in areas such as biosecurity, laboratory incidents, deliberate events, and zoonotic diseases. Pre-workshop activities of CMAP included orientation, preparatory exercises, and mapping exercises based on participant feedback, which validated the tool's outcomes. The CMAP Tool, with a user-friendly Excel interface, strengthens national capacities through cross-sectoral SWOT analysis and aligns with the IHR Monitoring and Evaluation Framework (IHR MEF) and Joint External Evaluations (JEE). It features dual interfaces for military and public health, each with specific mapping data sheets. Using Nepal as a case study, Mr. Suryantoro recommended amending legislation to establish a National Committee and platforms for national data sharing. He stressed the need to capitalize on current momentum to enhance civilian-military collaboration and cross-sectoral data collection. The WHO provides these tools without expecting data sharing outside the country, aiming to improve national and sub-national communication.

SESSION III: Multilateral Civilian, Defence, and Security Partnerships in Health Security and incorporation into Existing Frameworks

This session focused on multilateral civilian, defense, and security partnerships in health security and integrating information into existing frameworks. Moderated by Group Captain Bronte Martin, the session featured presentations from COL. Julius Nwobegahay Mbekham of APORA, Dr. Lim Huai Yang from the Singapore Armed Forces, Dr. Alison Money, Chief Medical Officer for the Australian Federal Police (AFP), and the WHO Regional Director for the Western Pacific, Dr. Saia Ma'u Piukala. The session underscored the significance of strong networks and partnerships in bolstering health security across various regions, highlighting the importance of integrated efforts between civilian, defense, and security sectors.

- COL. Mbekham, APORA President, introduced APORA's aim, vision, and mission, emphasizing Africa's low incidence of SARS-CoV-2 and the organization's efforts to strengthen health security on the continent. He outlined APORA's charter and the role of the newly formed Advocacy Adhoc Committee in addressing key objectives. Despite facing challenges such as funding shortages and membership delays, APORA plans to leverage its relationships with international bodies and establish partnerships, with IPHsa as a notable participant. The ultimate goal is to create

a robust network within and outside Africa to equip military medical personnel with the skills needed to prevent, detect, and respond to emerging infectious diseases in support of civil authorities.

- Dr. Lim Huai Yang from the Singapore Armed Forces highlighted Singapore's unique context for mil-civ partnerships, driven by compulsory national service and extensive military experience among the population. These factors, along with integrated health services and early partnerships, have facilitated effective collaboration, particularly during the COVID-19 pandemic. Singapore's approach includes joint medical operations, policy integration, and combined electronic medical records, with ongoing efforts to streamline research and training through collaborations with institutions like the School of Public Health.
- Dr. Money, Chief Medical Officer of the AFP, presented on the connection between health security and law enforcement. She highlighted the AFP's diverse roles, including policing services, safeguarding, international cooperation, and property confiscated from criminals. Despite its small size, the AFP is agile and responsive, collaborating with the military to support security initiatives. Dr. Money emphasized the changing impact of crime, noting increases in cyber-facilitated crime and drug-related issues. She stressed that law enforcement can significantly influence public health, highlighting the importance of collaborations between the security sector and police forces to address these emerging challenges and enhance health security.
- Dr. Piukala emphasized the need for innovative collaboration to create a unified health system capable of responding to health emergencies. In Southeast Asia, frameworks like the Asia-Pacific Health Security Action Framework and the South Pacific Framework highlight the necessity of multisectoral approaches. Dr. Piukala stressed the importance of clear communication, joint exercises, and shared objectives within collaboration frameworks. He noted that the military's unique logistical capabilities, combined with civilian efforts, can enhance emergency preparedness and response, as demonstrated during crises such as COVID-19 and the PNG mudslide. Trust and transparency are crucial for effective mil-civ collaboration. Dr. Piukala concluded by urging all stakeholders to invest in and utilize the WHO framework to synergize efforts between the military and civilian sectors, reinforcing health as a fundamental right for all.

Session IV- Introduction to Interactive Breakout Sessions on Laboratory Networks, Biosafety & Biosecurity, and Biosurveillance

- Dr. Ada Bacetty, Chief of DTRA's Biological Threat Reduction Program (BTRP), introduced the breakout group concept on Laboratory Networks, Biosafety & Biosecurity, and Biosurveillance. Dr. Bacetty highlighted the evolution of biological weapons since the fall of the Soviet Union and the challenges posed by natural outbreaks, lab accidents, and failed SOPs. She emphasized BTRP's important role in ensuring partner nations have appropriate biosafety measures, despite economic instability. BTRP functions as a facilitator and organizer, promoting trust in information systems for informed responses. The session underscored the necessity of joint efforts and training to combat biological threats sustainably, noting the need for better integration of biosurveillance information as well as the need for interoperable biosurveillance systems/data sharing mechanisms across sectors and borders. Dr. Bacetty highlighted successes in Laos and Thailand through active partnerships and multisectoral collaboration. She concluded by noting that COVID-19 underscored the critical need for robust biosecurity and preparedness, demonstrating BTRP's pivotal role in global health security.
- Mr. Trevor Smith, Deputy Director of the Weapons Threat Reduction Program at Global Affairs Canada, provided a counterpart perspective to Dr. Bacetty's remarks. He traced the origins of the Global Partnership to Canada in 2002, following the 2001 terrorist attacks in the US, noting that \$25 billion has been spent on these efforts so far. Addressing what he termed "the largest military audience he's ever encountered," Mr. Smith regretted it has taken so long to interact with military stakeholders. He highlighted ongoing challenges, such as intellectual silos and the reluctance of G7 leaders to merge health and security agendas. Mr. Smith shared a case from an ASEAN country where military and civilian sectors struggled to collaborate effectively. He emphasized the need to overcome stigma and clearly communicate the importance of health security to leadership, setting the stage for the afternoon's breakout sessions.

Session V- Interactive Breakout Sessions


- Breakout sessions, featuring a diverse array of military and civilian stakeholders, engaged in in-depth discussions on the current challenges and limitations of efforts to enhance regional biosurveillance capacities through civil-military and security partnerships. These sessions also established priorities and planned short-, medium-, and long-term activities to improve the existing framework. The findings from these discussions were as follows:

Breakout Group 1

Current Challenges & Limitations <ul style="list-style-type: none"> Lack of timeliness, completeness, integration and accuracy of disease data reporting Misperception of resources on "other side" (Military or Civilian) NGOs (non-government partners) not always coordinated with the governmental response Mismatch of aid provided with actual country needs Sample transport and permitting challenges Communication, coordination and command during a disaster Career longevity (deep subject matter expertise) 	Priorities <ul style="list-style-type: none"> Rapid Response Teams at each level (suitable and trained) Data Integration (One Health) Multi-stakeholder Coordination Establish national guidelines for health emergencies Information Sharing (outside of data sharing) Enhanced laboratory testing/training for smaller countries Building trust between agencies Stockpiling and rotation
Short term actions (within the next 12 months) <ul style="list-style-type: none"> Build a mechanism for data integration Clear protocol/SOPs (national-level coordination centers and guidelines) Establish QA/QC for data collection Initiate stockpiling Information Sharing (outside of data sharing) 	Medium term actions (12 - 24 months) <ul style="list-style-type: none"> Enhancing laboratory testing/training for smaller countries Frameworks for multi-sector exercises and coordination Implement national guidelines for health emergencies

Goals and long-term activities (2+ years) for building regional capacities through civil-military/security partnerships

- Establish an integrated disease surveillance system
- Multisector exercises and coordination
- Revise national guidelines for health emergencies
- For smaller nations, establishment of public health laboratories
- Rapid Response Teams at each level (suitable and trained)
- Stockpiling
- Military and Civilian exchange programs



Breakout Group 2

Current Challenges & Limitations <ul style="list-style-type: none"> Civilian-Military shared understanding of missions Domestic and international data sharing <ul style="list-style-type: none"> How data is reported (standardization) Surveillance capacity <ul style="list-style-type: none"> Labs Personnel training 	Priorities <ul style="list-style-type: none"> Funding Data sharing <ul style="list-style-type: none"> Agreements Standardization Capacity building international Improved institutional communication Improved interoperability
Short term actions (within the next 12 months) <p>Short term actions (within the next 12 months)</p> <ul style="list-style-type: none"> Planning Bi-lateral engagements Interoperability: mil-mil 	Medium term actions (12 - 24 months) <ul style="list-style-type: none"> Execution Bi-lateral engagements Interoperability: mil-civ

Goals and long-term activities (2+ years) for building regional capacities through civil-military/security partnerships

- Centralized public health entity
 - Australian CDC
 - ASEAN - Regional Public Health Institute
 - Pacific Island Countries would have central entity
- Liaison Officers in strategic positions around the world
- Data sharing
 - Key leader engagements to priorities for data collection
 - Multi-country research
 - Priority pathogens for sharing collections
 - Discuss diagnostic capability



Breakout Group 3

Current Challenges & Limitations <ul style="list-style-type: none"> Funding (separate funding for civilian vs. military) Military medical teams lack training/exercise & PPE (Cambodia example) Trained workforce Smaller nations need capacity (training/resources to deal with deliberate biological attack) Awareness of health security hazards (knowledge management) Political buy-in, influence leadership, national intent/directive (federated health systems) Migrating populations 	Priorities <ul style="list-style-type: none"> Improve capacity for low resource countries military to respond to public health emergencies (training & PPE) Information sharing between military and civilian sectors for public health emergencies Ensure shared understanding (civilian, military, police) has understanding of role of the military (transport sampling, lab, etc.) Work with org WHO to assist us Develop trust – cannot surge trust Move to whole of society approach
Short term actions (within the next 12 months) <ul style="list-style-type: none"> Getting to know your counterparts (liaisons), build relationships Understanding barriers Promote health security as a priority to non-health partners/broader military Develop joint guidelines for priority diseases 	Medium term actions (12 - 24 months) <ul style="list-style-type: none"> Rehearsals/joint exercises Develop SOPs between military and civilian for emergencies

Goals and long-term activities (2+ years) for building regional capacities through civil-military/security partnerships

- Political will, influence leadership to affect funding streams (so they are more integrated)
- Work with other countries to build capacity
- Legislation for world health security
- Evaluation of our capacity building efforts/partnerships – is this working?
- More sustainable outcomes between mil/civ to our response & how to make this enduring (financial, resources, political will to maintain)
- Ensure whatever we do is planet friendly (discarding supplies, etc.)




Breakout Group 4

Current Challenges & Limitations <ul style="list-style-type: none"> Lack of timeliness, completeness, integration and accuracy of disease data reporting Misperception of resources on "other side" (Military or Civilian) NGOs (non-government partners) not always coordinated with the governmental response Mismatch of aid provided with actual country needs Sample transport and permitting challenges Communication, coordination and command during a disaster Career longevity (deep subject matter expertise) 	Priorities <ul style="list-style-type: none"> Rapid Response Teams at each level (suitable and trained) Data Integration (One Health) Multi-stakeholder Coordination Establish national guidelines for health emergencies Information Sharing (outside of data sharing) Enhanced laboratory testing/training for smaller countries Building trust between agencies Stockpiling and rotation
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Goals and long-term activities (2+ years) for building regional capacities through civil-military/security partnerships

- Establish an integrated disease surveillance system
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- Rapid Response Teams at each level (suitable and trained)
- Stockpiling
- Military and Civilian exchange programs



SESSION VII: Closing Remarks

- Admiral Bennett reflected on the Military-Civilian Health Security Summit's themes, redefining health security to encompass infectious diseases, conflict effects, and drug-related harm. She suggested the next global issue might stem from geopolitical conflict or climate change rather than a pandemic. Emphasizing the need for improved communication and coordination, RADM Bennett highlighted the importance of consulting, confirming challenges, and controlling them, with communication being paramount. She stressed the critical role of mil-civ cooperation from planning to response and the value of building relationships through forums like this one to foster trust. RADM Bennett concluded by introducing the Indo-Pacific Health Security Alliance (IPhsa), which aims to develop regional expertise to support health security efforts.
- CAPT Bitterman outlined IPhsa, underscoring its role as an indispensable framework. He articulated IPhsa's vision, mission, and historical significance, highlighting its inception timeline and the pivotal MOA agreement signed in 2022. Additionally, CAPT Bitterman heralded a milestone moment along with Admiral Bennett: the signing of the Terms of Agreement for IPhsa between IPACOM and the Australian Defence Force (ADF), symbolizing a notable advancement in their collaborative endeavors.



Opportunities for Future Collaboration

As the conference concluded, participants reflected on key themes and initiatives highlighting the intersections of health security and military-civilian cooperation. Looking ahead, opportunities for the future were identified, focusing on innovative strategies and sustained partnerships to address evolving health challenges globally. These include:

- Maintaining a consistent cadence of engagement to sustain a network of like-minded partners outside of crisis situations through IPhsa.
- Developing a cadre of defense and security subject matter experts, along with civilians trained in military settings, to enhance capacity and foster mutual understanding.
- Enhancing biosurveillance networks by implementing shared data and standardized protocols across military and civilian sectors.
- Conducting joint civilian-military training and exercises to enhance readiness and response capabilities for health emergencies. Consider including strategies to counter mis/dis in global health security in the joint curriculum.
- Addressing capacity gaps, particularly in lower-income and smaller countries, by providing essential support, guidance, and resources.

These intertwined themes underscore the necessity for a coordinated, multi-sectoral approach to global health security, with a focus on communication and collaboration. The Indo-Pacific Health Security Alliance is well-positioned to address these themes by fostering regular interactions among civilian and military stakeholders, thereby building trust and transparency, enhancing mutual understanding, and strengthening global health security preparedness and response.



JUDI SUTTON

ARTIST STATEMENT

My name is Judi Sutton and I am a contemporary Indigenous artist from the Kalkadoon people, this painting is my interpretation of Joint Health Command and their Journey.

In my painting the large purple community symbol in the centre of the artwork represents Joint Health Command with the coloured hands and people in the middle of the community symbol representing their goal of 'Healing our Patients'.

The large rings around Joint Health Command's community symbol in yellow, green, blue and purple represent Joint Health Command's mission to 'Coordinate, integrate, deliver and assure the ADF health system in order to enable the Joint Force'. These rings connect the five large community symbols which represent each of the services, to each other and to Joint Health Command. These community symbols with white symbols inside represent the Navy, Army,

Air Force and Defence Health. The groups of people around the outside of the large yellow ring represent Joint Health Command's Vision 'Trusted to Care'.

The footprints which lead into the centre community symbol represent the Health workforce's journey to become a part of Joint Health Command, and the medicine leaves around the centre represent Joint Health Command's ability to enable ADF capability.

The kangaroo and emu footprints represent how Joint Health Command are always moving forward and never backward, just like the kangaroo and emu. Lastly the leaves and blossoms, wind, waterholes, cracked earth and mountains around the outside of the artwork represent the many diverse environments and regions where Joint Health Command provides services, from the coastlines, to the dessert, from the rainforest to the skies.